150 Mount Vernon Street, Suite 550 ♦ Boston, MA 02125-3115 ♦ (617) 740-1600 Voice ♦ (617) 740-1700 TTY ♦ (617) 740-1880 Fax http://www.mass.gov.mcdhh ♦ https://www.massfinance.state.ma.us

Staff Interpreter Assignment Receipt Form

Quantity Item Description Unit Price Total Hour(s) Interpretation Service Provided	Staff Interpreter Name	Billing Address:											
Job ID# Reference Number Service Date Service Start Time Service End Time	Consumer's Name:												
Quantity Item Description Unit Price Total	Billing Party:												
Hour(s) Interpretation Service Provided	Job ID#			Reference Number	ber Service Date			Service Start Time			Service End Time		
Hour(s) Interpretation Service Provided													
Mileage Odometer reading:	Quantity	Item	Description					Unit Price Total					
Travel Time Other Fee		Hour(s)	Hour(s) Interpretation Service Provided										
Travel Time Other Fee		Mileage Odometer reading:toto							8				
* Travel time formula—(total miles ÷ 50 =													
Note: Must travel a minimum of 20 miles each ways to be eligible for travel reimbursement An invoice payable to MCDHH will be issued shortly I certify that the above information is true and correct. Information will be kept strictly confidential. Staff Interpreter Signature: Consumer's Signature (verification of service rendered): X For MCDHH Use Only Job was cancelled Date of Cancellation: Time of Cancellation: By: Wendor/Customer ID: MMARS Document ID=:	Other Fee Parking Tolls Public Transportation												
An invoice payable to MCDHH will be issued shortly I certify that the above information is true and correct. Information will be kept strictly confidential. Staff Interpreter Signature: Consumer's Signature (verification of service rendered): X For MCDHH Use Only Job was cancelled Date of Cancellation: Time of Cancellation: By: Vendor/Customer ID: MMARS Document ID#:								ototal					
For MCDHH Use Only Job was cancelled Date of Cancellation: Time of Cancellation: By:	Consumer's Signature		I co	ertify that the above i	information is tru	e and correct.	ortly						
Job was cancelled Date of Cancellation: Time of Cancellation: By: Wendor/Customer ID: MMARS Document ID#:	Λ			For MCC)HH Use On	lv							
Vendor/Customer ID: MMARS Document ID#:	Date of Cancellation: Time of Cancellation:							By:					
	Vendor/Customer ID:	<u> </u>											
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Fund Sub-Fund Revenue Department Unit Description:	MMARS Document II	D#:	1 1		1 1		-	1 [1	1	 		
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Validated/Submitted By: Date:	Validated/Submitted By:							Date:					